

956

## ARIZONA STATE DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 115

Place of Birth MIAMI, ARIZ. County GILA No. 3113 TURKEY SHOOT CAN YONSEX OF CHILD\* Twin  
MALE Triplet SINGLE and } Number  
or other? 0 in order  
of birthDATE OF BIRTH\* OCTOBER 1 1923  
(Month) (Day) (Year)FULL\* FATHER  
NAME FRANCISCO URENAFULL\* MOTHER  
MAIDEN NAME CATALINA DARADOI HEREBY CERTIFY that the child described herein  
has been namedMANUEL ANGEL URENA  
(Give name in full) (Surname)Jose Martinez Urena  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

441-1001-346